



CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below in an envelope as "Express Mail Post Office to Addressee" mailing Label Number ED625154830US addressed to: MS AMENDMENT

Commissioner for Patents, P.O. Box 1450
Alexandria, VA 22313-1450

Rhonda Goodloe

Signature of Depositor

Rhonda Goodloe

Print Name of Depositor

Date: April 1, 2005

IN THE UNITED STATES

PATENT AND TRADEMARK OFFICE

Confirmation No.:	3734)
)
Applicant:	EASTERBROOK, Eric T.)
)
Serial No.:	10/066,408) Art Unit:
) 3725
Filed:	January 30, 2002)
) Examiner:
Title:	METHOD AND APPARATUS FOR) CRANE, D.
	IMPROVING THE FATIGUE LIFE OF)
	COMPONENTS AND STRUCTURES)

MS AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. ☒ Applicant hereby asserts status as a small entity
under 37 C.F.R. § 1.27.
☐ other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR § 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☒ Applicant petitions for an extension of time under 37 CFR § 1.136 (fees: 37 CFR § 1.17(a)(1)-(4) for the total number of months checked below.

EXTENSION (months)	FEE FOR OTHER THAN SMALL ENTITY	FEE FOR SMALL ENTITY
<input type="checkbox"/> one month	\$ 120.00	\$ 60.00
<input checked="" type="checkbox"/> two months	\$ 450.00	\$ 225.00
<input type="checkbox"/> three months	\$ 1,020.00	\$ 510.00
<input type="checkbox"/> four months	\$ 1,590.00	\$ 795.00

FEE: \$225.00

If an additional extension of time is required, please consider this a petition therefore.

(check and complete the next time, if applicable)

- ☐ An extension for _____ months has already been secured. The fee paid therefore of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request: \$ _____

OR

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition\ for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 CFR § 1.16(b)-(d) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY			
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	
TOTAL	105	MINUS	130	=	φ	x \$25 = \$ φ
INDEP.	18	MINUS	21	=	φ	x \$100 = \$ φ
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$180 =	\$
					TOTAL ADDITIONAL FEE	\$ φ

complete (c) or (d), as applicable)

- (c) ☒ No additional fee for claims is required.
OR
(d) ☐ Total additional fee for claims required \$_____.

FEE PAYMENT

5. ☒ Attached is a check in the sum of \$225.00.
☐ Charge Account No. 07-1613 the sum of \$_____.
☐ A duplicate copy of this transmittal is attached.

FEE DEFICIENCY

- ☒ If any additional extension and/or fee is required, charge Account No. 07-1613.

AND/OR

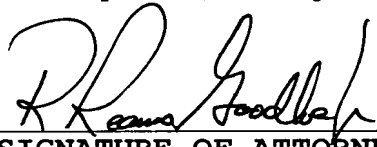
- ☒ If any additional fee for claims is required, charge Account No. 07-1613.

Date: April 1, 2005

Phone: 253-859-9128

Fax: 253-859-8915

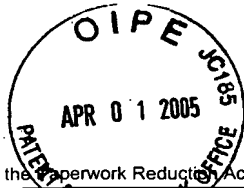
Customer No. 20793



SIGNATURE OF ATTORNEY

R. Reams Goodloe, Jr.
Reg. No. 32,466

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Kent, Washington
98030-5322



04-04-05

3725

PTO/SB/17 (10/03)

Approved for use through 07/31/2005. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2005 <i>Patent fees are subject to annual revision After DECEMBER 8, 2004.</i>		Complete if Known	
		Application Number	10/066,408 Confirmation No. : 3734
		Filing Date	January 30 2002
		First Named Inventor	Eric T. Easterbrook
		Examiner Name	Daniel C. Crane
		Group / Art Unit	3725
TOTAL AMOUNT OF PAYMENT (\$)		\$225.00	
		Attorney Docket No.	SI1-2627-U-C5

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 07-1613 Deposit Account Name: R. Reams Goodloe, P.S. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status 37 CFR 1.27		3. ADDITIONAL FEES Large Entity Small Entity Fee Code (\$) Fee Code (\$) Fee Description Fee Paid	
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		1051 130 2051 65 Surcharge - late filing fee or oath	
FEE CALCULATION		1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.	
1. FILING /SEARCH/ EXAMINATION FEES Large Entity Small Entity Fee Code (\$) Fee Code (\$) Fee Description Fee Paid		1081 250 2081 125 Utility Appl. Size Fee (1 st 50 sheets over 100	
1011 300 2011 150 Utility filing fee		1812 2,520 1812 2,520 For filing a request for <i>ex parte</i> reexam.	
1111 500 2111 250 Search fee		1804 920* 1804 920* Requesting publication of SIR prior to Examiner action	
1311 200 2311 100 Examination fee		1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action	
1012 200 2012 100 Design filing fee		1251 120 2251 60 Extension for reply within first month	
1005 200 2005 100 Provisional filing fee		1252 450 2252 225 Extension for reply within second month	
SUBTOTAL (1) (\$)		1253 1,020 2253 510 Extension for reply within third month	
2. EXTRA CLAIM FEES		1254 1,590 2254 795 Extension for reply within fourth month	
Total Claims <input type="text"/> -20** = <input type="text"/> X <input type="text"/> = <input type="text"/>		1255 2,160 2255 1080 Extension for reply within fifth month	
Independent Claims <input type="text"/> - 3** = <input type="text"/> X <input type="text"/> = <input type="text"/>		1401 500 2401 250 Notice of Appeal	
Multiple Dependent <input type="text"/> = <input type="text"/>		1402 500 2402 250 Filing a brief in support of an appeal	
**or number previously paid, if greater; For Reissues, see below		1403 1,000 2403 500 Request for oral hearing	
Large Entity Small Entity Fee Code (\$) Fee Code (\$) Fee Description Fee Paid		1451 1,510 1451 1,510 Petition to institute a public use proceeding	
1202 50 2202 25 Claims in excess of 20		1452 500 2452 250 Petition to revive - unavoidable	
1201 200 2201 100 Independent claims in excess of 3		1453 1500 2453 750 Petition to revive - unintentional	
1203 360 2203 180 Multiple dependent claim, if not paid		1501 1,400 2501 700 Utility issue fee (or reissue)	
1204 200 2204 100 ** Reissue independent claims over original patent		1502 800 2502 400 Design issue fee	
1205 50 2205 25 ** Reissue claims in excess of 20 and over original patent		1503 660 2503 330 Plant issue fee	
SUBTOTAL (2) (\$)		1460 130 1460 130 Petitions to the Commissioner	
**or number prev. paid, if greater.		1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	
		1806 180 1806 180 Submission of Information Disclosure Stmt	
		8021 40 8021 40 Recording each patent assignment per property (times number of properties)	
		1809 790 2809 395 Filing a submission after final rejection (37 CFR 1.129(a))	
		1810 790 2810 395 For each additional invention to be examined (37 CFR 1.129(b))	
		1801 790 2801 395 Request for Continued Examination (RCE)	
		Other fee (specify) _____	
		* Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$) 225.00	

SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	R. Reams Goodloe, Jr.	Reg. Number	32,466
Signature		Deposit Account User ID	4035
	Date	04/01/05	

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. 1450, Alexandria, VA 22313-1450 EXPRESS MAIL LABEL NO.: ED625154830US

Please type a plus sign (+) inside this box

+

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PTO/SB/21 (8-00)
 Approved for use through 10/31/2006. OMB 0651-0031
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

	Application Number		10/066,408
	Confirmation Number		3734
	Filing Date		January 30, 2002
	First Named Inventor		Easterbrook, E. et al
	Group Art Unit		3725
	Examiner Name		Daniel C. Crane
No. Pages in this submission		Attorney Docket No. SI1-2627-U-C5	
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an application)	<input type="checkbox"/> After Allowance Communication to Group	
<input checked="" type="checkbox"/> Fee Attached			
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Drawing(s) FORMAL	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing - related papers		
<input type="checkbox"/> Affidavits/Declaration			
<input type="checkbox"/> Extension of Time Requests (2nd month)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group	
	<input type="checkbox"/> Petition to Convert to Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Information Disclosure Statement (Form SB08 with disclosed art)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Additional Enclosures identify below:	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Stmt.	*Amendment Transmittal	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Return Receipt Card <input type="checkbox"/> Remarks		
Firm or Individual Name	R. Beams Goodloe, Jr.		Reg. No.: 32,466
Signature			
Date	April 1, 2005		
CERTIFICATE OF MAILING			
I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as First Class Mail [express mail label ED625154830US] in an envelope addressed to COMMISSIONER FOR PATENTS, MS AMENDMENT, P.O. BOX 1450, Alexandria, VA 22313-1450 on this date:			
Typed or printed name:	RHONDA GOODLOE		
Signature		Date	04/01/05